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 USE TYPEWRITER OR BALL POINT PEN—PRESS FIRMLY, PRINT CLEARLY.

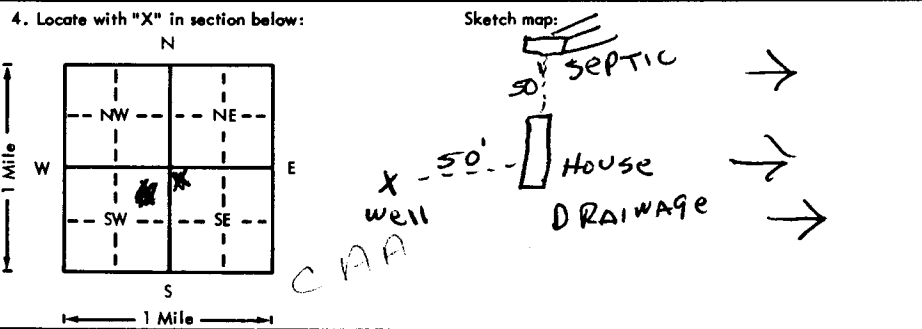
Lake Wab

Chapel jd

WATER WELL RECORD
 KSA 82a-1201-1215

Kansas Department of Health and Environment—Division of Environment
 (Water well Contractors)
 Topeka, Kansas 66620

DBB

1. Location of well: County: <u>WABAUNSEE</u>		Fraction: <u>NW NW SE</u> <u>1/4 1/4 1/4</u>		Section number: <u>4</u>	Township number: T <u>14</u> S R <u>11</u> <u>EW</u>
2. Distance and direction from nearest town or city: <u>AT LAKE</u> Street address of well location if in city: <u>WABAUNSEE</u>			3. Owner of well: <u>MIKE FREDRICK</u> R.R. or street: City, state, zip code: <u>LAKE WABAUNSEE</u>		
4. Locate with "X" in section below: 		6. Bore hole dia. <u>8</u> in. Completion date <u>4-27-76</u> Well depth <u>100</u> ft.			
5. Type and color of material		From	To	7. Cable tool <input checked="" type="checkbox"/> Rotary <input type="checkbox"/> Driven <input type="checkbox"/> Dug <input type="checkbox"/> Hollow rod <input type="checkbox"/> Jetted <input type="checkbox"/> Bored <input type="checkbox"/> Reverse rotary	
TOP SOIL		0	2	8. Use: <input checked="" type="checkbox"/> Domestic <input type="checkbox"/> Public supply <input type="checkbox"/> Industry <input type="checkbox"/> Irrigation <input type="checkbox"/> Air conditioning <input type="checkbox"/> Stock <input type="checkbox"/> Lawn <input type="checkbox"/> Oil field water <input type="checkbox"/> Other	
grey limestone		2	32	9. Casing: Material <u>PVC</u> Height: <u>Above</u> or below Threaded <input type="checkbox"/> Welded <input type="checkbox"/> Surface <u>24</u> in. RMP <input type="checkbox"/> PVC <u>9L</u> Weight <u>258</u> lbs./ft. Dia. <u>5</u> in. to <u>100</u> ft. depth Wall Thickness: inches or Dia. <u>5</u> in. to <u>100</u> ft. depth gage No. <u>258</u>	
grey shale		32	49	10. Screen: Manufacturer's name <u>Pumpco</u> Type <u>PVC</u> Dia. <u>5"</u> <u>Slot</u> gauze <u>200</u> Length <u>40</u> Set between <u>40</u> ft. and <u>80</u> ft. ft. and <u>80</u> ft. Gravel pack? <input checked="" type="checkbox"/> Size range of material <u>1/4 x 1/8</u>	
yellow lime		49	51	11. Static water level: _____ mo./day/yr. <u>50</u> ft. below land surface Date <u>4-27-76</u>	
Red shale		51	76	12. Pumping level below land surfaces: <u>ARTES-1</u> _____ ft. after _____ hrs. pumping _____ g.p.m. _____ ft. after _____ hrs. pumping _____ g.p.m. Estimated maximum yield <u>2 AT 50'</u> g.p.m.	
grey lime		76	87	13. Water sample submitted: _____ mo./day/yr. Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Date _____	
Blue shale		87	90	14. Well head completion: <u>CAPPED</u> <input type="checkbox"/> Pitless adapter <u>24</u> inches above grade	
Red shale		90	94	15. Well grouted? <input checked="" type="checkbox"/> With: <input checked="" type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input type="checkbox"/> Concrete Depth: From <u>0</u> ft. to <u>10</u> ft.	
grey shale		94	100	16. Nearest source of possible contamination: ft. <u>100</u> Direction <u>N</u> Type <u>SEPTIC</u> Well disinfected upon completion? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
(Use a second sheet if needed)				17. Pump: <input checked="" type="checkbox"/> Not installed Manufacturer's name _____ Model number _____ HP _____ Volts _____ Length of drop pipe _____ ft. capacity _____ g.p.m. Type: <input type="checkbox"/> Submersible <input type="checkbox"/> Turbine <input type="checkbox"/> Jet <input type="checkbox"/> Reciprocating <input type="checkbox"/> Centrifugal <input type="checkbox"/> Other	
18. Elevation: <u>1290'</u> Topography: <input checked="" type="checkbox"/> Hill <input type="checkbox"/> Slope <input type="checkbox"/> Upland <input type="checkbox"/> Valley	19. Remarks: <u>OWNER WILL INSTAL SIBB</u> <u>1310</u>		20. Water well contractor's certification: This well was drilled under my jurisdiction and this report is true to the best of my knowledge and belief. <u>Strader Drlg Co Inc 182</u> Business name _____ License No. _____ Address <u>RT 1 Holton, KS</u> Signed <u>Dale Ashman</u> Date <u>4-28-76</u> Authorized representative		

14-11-E
 Sec 4-18-50
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Forward the white, blue and pink copies to the Department of Health and Environment

Form WWC-5